



**MOHAVE COUNTY COMMUNITY DEVELOPMENT  
DEPARTMENT**

*One-Stop Center - Arizona Workforce Connection*



**COYOTE Project / Job Order**

Youth Summer Program 2004

**PROGRAM DATES:** June 7 – June 18: Foundation Skills Training provided at One-Stop Center  
June 21 – July 29: Work Experience at Employer Site (6 weeks, 30 hours per week)  
July 30: Work Experience and Celebration Event

Employer/Department Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Worksite Address: \_\_\_\_\_

Describe proposed job or project: \_\_\_\_\_

\_\_\_\_\_

What basic occupational skills (typing, filing, phone answering, painting, etc) or other skills (math, reading, etc) may be required to do this type of work? Are there lifting requirements or other special needs to perform the work?

\_\_\_\_\_

\_\_\_\_\_

Salary anticipated \_\_\_\_\_ (hourly rate) Hours per week \_\_\_\_\_ How many weeks \_\_\_\_\_

Name and title of designated supervisor: \_\_\_\_\_

What supplies, tools, equipment, or safety wear might be required on your worksite or project?

\_\_\_\_\_

Any age restrictions required by your department's rules and regulations? \_\_\_\_\_

Is there an option to ride-share with other employees to get to work? \_\_\_\_\_

Any other requirements or information specific to your worksite or project (PPD skin test, finger printing and/or background check, drug-testing, CPR-certified, etc)

\_\_\_\_\_

Who is in charge of your department, division, or agency, in other words, whose name do we put on the training contract as the authorized signer?

\_\_\_\_\_

Name (please print clearly)

Title

**DEADLINE FOR SUBMISSION: Friday, May 14, 2004 by 5:00 p.m.**



A **HOWLING** SUCCESS

**COYOTE!**